

<b>Case Number:</b>	CM15-0023608		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male, who sustained an industrial injury on 04/01/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical spine multilevel degenerative disc disease, cervical six to seven disc osteophyte, mild to medium impingement at cervical seven, and status post right shoulder surgery. Treatment to date has included physical therapy, medication regimen, and above listed surgery. In a progress note dated 01/06/2015 the treating provider reports tenderness to the cervical spine paraspinal muscles with trapezius spasms, along with constant, severe, dull to sharp pain that is rated an eight to nine on a scale of zero to ten. The treating physician requested a right shoulder x-ray to assess for surgical changes to the distal clavicle, Diclofenac gel to reduce pain and inflammation for functional restoration, but the documentation did not indicate the reason for the requested treatments of a posture brace or Viagra. On 01/21/2015 Utilization Review non-certified the requested treatments of posture brace, right shoulder x-ray, Viagra 50mg with a quantity of 10, and Diclofenac gel, noting the California Medical Treatment Utilization Schedule: American College of Occupational and Environmental Medicine 2nd Edition, 2004, Shoulder Complaints, Chapter 9 and Chapter 5, page 79; Chronic Pain Medical Treatment Guidelines; Marks LS, Duda C, Dorey FJ, Macairan ML, Santos PB Urology. 1999, Jan., 53(1):19 to 24; and Carson C, Giuliano F, Goldstein I, Hatzichristou D, Hellstrom W, Lue T, Montorsi F, Munarriz R, Nehra A, Porst H, Rosen R Int J Impot Res. 2004 Jun;16 (3): 207 to 13.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Posture Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, IntelliSkin Posture Shirt.

**Decision rationale:** This patient presents with neck pain, shoulder pain, is s/p unspecified right shoulder surgery, and is preparing for a future right shoulder decompression and rotator cuff repair of unspecified date. The treater has asked for posture brace on 1/6/15. The patient has not had a cervical surgery, so it appears the request is for a posture garment for the shoulder. Regarding posture garments, ODG shoulder section states: "Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims. See also the Low Back Chapter." In this case, the patient had a right shoulder surgery and the treater is requesting a posture bracing. ODG guidelines, however, do not recommend posture garment for the shoulder, as no high quality studies have supported manufacturer's claims. The request is not medically necessary.

### **Right Shoulder X-ray: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, radiography.

**Decision rationale:** This patient presents with neck pain, shoulder pain, is s/p unspecified right shoulder surgery, and is preparing for a future right shoulder decompression and rotator cuff repair of unspecified date. The treater has asked for right shoulder x-ray on 1/6/15. The 1/6/15 report states "X-ray Right shoulder: surgical changes to distal clavicle O/W normal study." Regarding shoulder x-rays, ODG states "Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging 'gold standard' as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. (Newberg, 2000) Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-

effective alternative to MRI. (Burbank, 2008)" In this case, the patient is 4 years from injury date. ODG recommends shoulder X-rays in cases of acute trauma, and for chronic shoulder pain including anteroposterior, scapular Y, and axillary views. The patient is to undergo a rotator cuff surgery, and a set of X-rays would appear reasonable. The request is medically necessary.

**Diclofenac Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac gel Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects and Anti-inflammatory medications Page(s): (s) 22, 70-73 and 67-68.

**Decision rationale:** This patient presents with neck pain, shoulder pain, is s/p unspecified right shoulder surgery, and is preparing for a future right shoulder decompression and rotator cuff repair of unspecified date. The treater has asked for Diclofenac gel on 1/6/15. It is not known if the patient has used diclofenac gel before. MTUS recommends NSAIDs for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case, the patient presents with neck and shoulder pain, which is not indicated for topical NSAIDs. The requested trial of Diclofenac gel is not medically necessary.

**Viagra 50mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Marks LS, Duda C, Dorey FJ, Macairan ML, Santos PB Urology. 1999 Jan; 53 (1): 19-24 and Carson C, Giuliano F, Goldstein I, Hatzichristou D, Hellstrom W, Lue T, Montorsi F, Munarriz R, Nehra A, Porst H, Rosen R Int J Impot Res. 2004 Jun; 16 (3): 207-13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viagra: Boxed label. Aetna Clinical Policy Bulletin: Erectile Dysfunction, Number: 0007.

**Decision rationale:** This patient presents with neck pain, shoulder pain, is s/p unspecified right shoulder surgery, and is preparing for a future right shoulder decompression and rotator cuff repair of unspecified date. The treater has asked for Viagra 50mg #10 on 1/6/15. The patient is currently on Viagra but it is not known for how long. Regarding Viagra, MTUS, ACOEM and ODG do not address it. Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary if diagnosis includes comprehensive history and physical examination, Duplexscan in conjunction with intracorporeal papaverine, Dynamic infusion cavernosometry and cavernosography, pharmacological response test for erectile dysfunction, Pudendal arteriography. Aetna also requires diagnosis to include the following laboratory tests: Biothesiometry, Blood glucose, Complete blood count, Creatinine, Hepatic panel, Lipid profile, Prostate specific antigen, Serum testosterone, Thyroid function studies, Urinalysis. In this case, the treater has only provided physical exam, and comprehensive history from the aforementioned

criteria that Aetna gives for Viagra. As necessary documentation for diagnosis of erectile dysfunction is not provided, requested Viagra is not indicated. Viagra is also considered life enhancing drug, not typically supported by guidelines such as AETNA. The request is not medically necessary.